



1321 U.S.PTO

013004

Atty. Dkt. No. 085747-0315

22553 U.S.PTO  
10/766948***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Helena Gybäck et al.  
Title: NEW METABOTROPIC GLUTAMATE RECEPTOR COMPOUNDS  
Appl. No.: Unassigned  
Filing Date: January 30, 2004  
Examiner: Unassigned  
Art Unit: Unassigned

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Helena GYBACK  
Martin JOHANSSON  
Alexander MINIDIS  
Patrick RABOISSON  
David WENSBO

Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- Specification, Claim(s), and Abstract (51 pages).
- Declaration and Power of Attorney (\_\_\_\_ pages).
- Assignment of the invention to AstraZeneca and NPS Pharmaceuticals, Inc..
- Information Disclosure Statement.
- Form PTO/SB/08 with copies of \_\_\_\_ listed reference(s).



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[ X ] Application Data Sheet (37 CFR 1.76).

[ ] Claim for Convention Priority.

The filing fee is calculated below:

Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee			\$770.00 =	\$770.00
Total Claims: 32	- 20 = 12	x	\$18.00 =	\$216.00
Independents: 6	- 3 = 3	x	\$86.00 =	\$258.00
If any Multiple Dependent Claim(s) present:		+	\$290.00 =	\$290.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee		+	\$130.00 =	\$130.00
			SUBTOTAL: =	\$1664.00
[ ]	Small Entity Fees Apply (subtract ½ of above):		=	\$0.00
			TOTAL FILING FEE: =	\$1,664.00

[ ] A check in the amount of \$0.00 to cover the filing fee is enclosed.

[ X ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[ ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By S.A. Bent

Date 30 January 2004

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